

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-0993.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

**I. DISPUTE**

1. a. Whether there should be reimbursement for dates of service 7-31-01 through 9-4-01.
- b. The request was received on 3-22-02.

**II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. EOBs
  - c. Medical Records
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-18-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 6-19-02. The response from the insurance carrier was received in the Division on 7-2-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is as Exhibit III of the Commission's case file.

**III. PARTIES' POSITIONS**

1. Requestor: Letter dated 3-18-02:

“All of these work hardening services were denied for no preauthorization. As you are aware, at the time of these services TWCC Rule 134.600 allowed 6 weeks of work hardening without preauthorization. Both Mr. .... and his adjuster denied that he had previously participated in a work hardening program. Mr. .... began his work hardening program in this clinic on 7/24/01,

and the last day of his 6<sup>th</sup> week was 9/4/01. It is clear that these dates were clearly within the time frame allowed without preauthorization, and they were denied in error. Also, it is interesting to note that some of his work hardening services were paid on the initial billing, and some were paid upon reconsideration, which indicates a total lack of continuity within the carrier.”

2. Respondent: Letter dated 7-2-02:  
“**This firm has been retained to represent the Carrier in the above-referenced matter. Please direct all further communications to the undersigned.** I have received a copy of your MR-100 regarding the above-captioned medical dispute. Please be advised that .... has not received a TWCC-60 medical dispute from the Requestor.”

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 7-31-01 and extending through 9-4-01.
2. The Carrier has denied the disputed services as reflected on the EOBs as, “A,240 PREAUTHORIZATION NOT OBTAINED”; “No allowance is being made for this work hardening. Out system reflects the claimant having started a work hardening program in June of 2000. The claimant has had over 6 weeks of work hardening”;
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07-31-01	97545-WH	\$102.40	\$-0-	A, 240	\$64.00 per hr.	TWCC Rule 134.600 (h) (11); CPT Descriptor	<p>The Carrier has denied the disputed services as not being preauthorized.</p> <p>Pursuant to TWCC Rule 134.600, work hardening requires preauthorization when it exceeds six weeks. The documentation reviewed does not indicated that the work hardening was past the initial six weeks. The Respondent has not supported their position that the claimant was previously involved in a work hardening program.</p> <p>Therefore, reimbursement is recommended in the amount of <b>\$7,679.94</b>.</p>
08-02-01	97546-WH	\$307.20	\$-0-	A, 240			
	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-06-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-07-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-08-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-09-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-10-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-13-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-15-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-16-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-17-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-20-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$06	A, 240			
08-21-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-23-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-27-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-28-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-29-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
08-31-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$307.20	\$-0-	A, 240			
09-04-01	97545-WH	\$102.40	\$-0-	A, 240			
	97546-WH	\$204.80	\$-0-	A, 240			
<b>Totals</b>		\$7,680.00	\$06				The Requestor is entitled to reimbursement in the amount of <b>\$7,679.94</b> .

The above Findings and Decision are hereby issued this 3<sup>rd</sup> day of October 2002.

Lesa Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

LL/ll

#### **V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$7,679.94 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 3<sup>rd</sup> day of October 2002.

Carolyn Ollar  
Medical Dispute Resolution Supervisor  
Medical Review Division  
CO/ll